

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER 08cv586 08cv586	
Terrell Jones		
DEFENDANT	TYPE OF PROCESS Alias S/C	
Lt. Dahmen, et al.		
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Correctional Officer Harris, Cook County Department of Corrections	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) C.C.J., C/O Legal Dept., 2700 S. California Ave., 2nd. Flt., Div. 5, Chicago, IL 60608	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Terrell Jones, #2007-0067770 Cook County Jail P.O. Box 089002 Chicago, IL 60608		Number of process to be served with this Form - 285 1
		Number of parties to be served in this case 2
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

FILED

Jul 16, 2008
JUL 16 2008

MICHAEL W. DORRINS

Signature of Attorney or other Originator requesting service on behalf of:	CLERK, U.S. DISTRICT COURT	DATE 06-23-08
	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TD	Date 06-23-08
---	-------------------------	------------------------------	-----------------------------	--	----	------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Ronna Farnandis

Address (complete only if different than shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
7/16/08Time
12:00

am

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endowment)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
one Service fee charged to same case & location see process sheet #115 REMARKS: 1- DUSM 14-miles 2-Hours						